The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Labour and Birth

Every labour and birth is unique and unpredictable, making it difficult to plan.

It is common for women to feel some level of anxiety during pregnancy; perhaps about their changing body, the health of their baby or concerns about the birth.

There are things you can do and think about that will help put your mind at rest and help prepare. Any preparation can help you feel more confident when you go into labour and help your birth go as smoothly as possible.

Ask yourself the following questions;

- What expectations do I have of – myself / partner / doctor / midwife / support people?
- What am I most concerned about? How can I overcome these anxieties? Try to address your concerns or worries by talking to your partner, friends, doctor or midwife. Support and reassurance can make a difference to how you feel.
- What strategies do I have in place to cope with labour? These might include fitness, diet, pelvic floor exercises, relaxation techniques and building confidence.
- Should I attend antenatal classes? Would these be at my maternity hospital or with an independent childbirth educator?

Birth Plans

Birth plans are a way of providing guidance for your carers and support people about the type of labour and birth experience you would like to have.

It may include wishes about the type of birth environment you would prefer, the birth of your baby and placenta, and what pain relief you may want.

During your pregnancy, it is important to consider your preferences for this special time and discuss them with your doctor or midwife. This will help you to understand any details, risks or concerns before labour begins.

Because every labour and birth is different, it is not possible to predict exactly what will happen. For this reason, your birth plan will be most useful if it is flexible. A rigid birth plan can add to a strong sense of disappointment if things don't go the way you had hoped for.

Labour and birth are not events that you can have total control over even when you do everything in your power to prepare. Your body and your baby will often have plans of their own.

How do I know if I am in labour?

As you enter the final stages of your pregnancy, your body will give you signs that labour is approaching. The start of labour remains a mystery, and it can occur in different ways. Changes in your hormones and body must occur to produce effective strong contractions.

The cervix, which keeps the uterus closed during pregnancy, changes in shape as labour approaches. It becomes soft and ripe and you may experience a 'show' – this is when a plug of mucous streaked with blood comes away.

You may start experiencing some period-like pains, tightenings or contractions. You might notice that these pains start to get stronger, closer together and last longer than before. Or you might start with some backache or a stomach upset that gets stronger and develops into regular contractions.

Braxton Hicks

Braxton Hicks are contractions which tone the uterus but don't dilate (open) the cervix.

They occur throughout your pregnancy but you may not feel them until the second trimester. Braxton Hicks may be quite strong and uncomfortable and are often called 'false labour'. These contractions can be distinguished from 'real labour' as they disappear with a change of position or activity such as a warm bath or shower.

Stages of labour

While every labour is unique and unpredictable, two signs that labour has started are contractions becoming longer, stronger and closer together and the rupture of membranes ('waters breaking').

Contractions are the muscles of the uterus working to move the baby down and open the cervix. When you experience a contraction in labour, it starts like a wave at the top of the uterus and moves in a downward direction to pull up the cervix. The contraction will build up and make your uterus feel tight, peaking for about 15 to 20 seconds, before it eases off and then disappears before the next contraction starts. Between each contraction there is no residual pain. A contraction is not like a surgical pain or broken limb where the pain may feel constant. You are able to rest after one ends and before the next one begins.

Rupture of membranes is also known as breaking the waters. The amniotic fluid that surrounds and cushions your baby during your pregnancy will come away – this might feel like a slight trickle which is difficult to distinguish from urine or it may appear as a big gush. When this occurs, place a clean pad on and call your doctor or midwife. They will ask you to describe the colour and smell of the fluid and may ask you to see you. Once checked, if you and your baby are well, you may return home again to wait for labour to start. If the fluid is greenish brown like pea soup, it means that the baby may have had a period of distress and opened its bowels (meconium) into the amniotic fluid. When this occurs, your baby will require increased monitoring.

Regardless of how it begins, labour has three different stages.

First stage of labour

During the first stage of labour, the contractions increase and the cervix shortens and opens. This stage usually takes about 12 hours for a woman experiencing her first labour and eight hours for subsequent labours.

Generally, the contractions begin slowly and build up in strength and frequency as labour progresses. Focus on each moment, taking things one minute at a time, rather than worrying about the length of the whole labour or what might happen.

When you arrive at the birth suite, a midwife will palpate (feel) your abdomen to determine your baby's position and feel the strength and frequency of contractions. She will listen to your baby's heartbeat with either a hand-held Doppler or continuous monitor.

More information about monitoring the baby's heart rate during labour can be found on the RANZCOG website under Patient Information.

The midwife will go through your pregnancy and medical history with you and check your pulse and blood pressure, test your urine, determine whether your waters have broken or you have any bleeding. Your midwife will communicate with your doctor and keep them updated of your progress throughout your labour as required.

Second stage of labour

The second stage begins when the cervix becomes fully dilated 10cm in diameter.

Your doctor or midwife is able to measure this by doing an internal examination. When you are fully dilated, your baby moves down through your pelvis and you work with your body to push the baby out. The contractions at this stage usually last longer and are further apart (which means longer rest periods).

During this stage you may feel a positive urge to push. Progress is usually slow and steady, particularly if this is your first labour. The baby moves forward with each contraction and withdraws slightly when you are resting in between the contractions. Women's bodies are designed to stretch and give birth. All the changes your body has undergone during pregnancy has prepared you for this event. Have confidence with your body and in yourself.

Third stage of labour

Third stage occurs after your baby has been born and when the placenta comes away.

Once your baby has been born and placed on your chest, the umbilical cord will be clamped and cut. You will usually be given an injection to help the placenta come away and reduce bleeding. Your uterus will contract again to allow the placenta to peel away from your uterus and be born.

The contractions you will feel during this stage and the birth of your placenta are not like the strong contractions you felt during second stage.

Your doctor or midwife will carefully help the placenta out and then feel that your uterus is well contracted, any bleeding is minimal, check your blood pressure and pulse, and assess whether you need any stitches.

After the birth

Immediately after the birth is a special time for you to bond with your baby.

Skin to skin contact provides warmth and will encourage your baby to have its first feed. The midwife will keep assessing the wellbeing of you and your baby, whilst allowing this quiet time together as a family.

Pain relief during labour

Every woman responds and copes differently with labour pain.

There are many different techniques to help with the pain of childbirth. These include relaxation, massage, heat, water, or pain medication.

More information about pain relief in labour can be found on the RANZCOG website under Patient Information.

Like the labour experience, this is an individual decision and you need to choose the best coping technique or combination that suits you and your needs.

Extra support in labour

The people you have around you during your birth can actually improve your experience of it.

Research shows that having the right support people can reduce the length of labour and the need for other assistance. It is important that you have people with you who make you feel safe and free to express what you need in the moment.

Don't assume that your partner is the best person for support in labour. If you feel close and very comfortable around your partner, able to do your own thing and express yourself without feeling inhibited, then being together when your child is born may be a special experience for you both.

However, if your partner is likely to feel anxious and uncomfortable then it might be preferable if they stayed outside for some of your labour with someone else to support them and you. A close female friend or relative can be a helpful support person. You might find it helpful to choose somebody who has had a straightforward birth themselves, who is calm and quiet and whom you can talk to easily.

The people you choose are there to support you and not just to observe. You may only want them there for part of the labour and possibly not when the baby is actually born. It's your choice.

Variations in labour

Sometimes variations or problems will occur during your pregnancy, others may occur during labour and may not be anticipated.

In emergency situations this can mean your preferences may not be able to be followed exactly. Wherever possible, your doctor or midwife will try to discuss the reasons for this with you and help your understanding of events.

Some of the variations in labour are discussed below:

Induction of Labour
Most labours start naturally between 37 and 42 weeks gestation. Labour is said to be induced when it is started artificially.

The most common reasons are:

- you have a specific health condition (such as diabetes or high blood pressure)
- your baby is not growing well or shows some signs of distress
- the pregnancy has gone longer than 41 weeks (prolonged pregnancy)
- your waters have already broken but the contractions of labour have not started naturally

An induction is recommended when it is considered that your health and/or your baby's health will benefit. More information about induction of labour can be found on the RANZCOG website under Patient Information.

Augmentation
Augmentation may be required when labour starts naturally, but the contractions are not regular or strong enough to dilate the cervix and progress labour as anticipated. You may need to have your waters broken or intravenous fluid (a drip) with an artificial hormone to increase your contractions.

Instrumental Birth
Instrumental birth is when forceps or ventouse (vacuum cup) are used to assist a vaginal birth when either you or your baby require help.

Caesarean Section
Caesarean section is an operation where the baby is born through a cut in your abdomen. It may be planned before labour starts (elective) or at any time during labour (emergency) when a vaginal birth is not possible or the risks associated with a vaginal birth are greater.

Breech
Breech position is when the baby's feet or buttocks are at the opening of the birth canal.

Fetal Distress
Fetal distress is when a baby shows signs that it is not coping with labour. This might be through fluctuations in the baby's heart rate, a pronounced slowing of the baby's heart rate, or the presence of meconium in the amniotic luid. These warning signs mean closer monitoring is required and if they do not resolve may lead to hastening the birth by caesarean section, forceps or ventouse assistance, depending on the stage of labour and condition of the baby.

When should I call the hospital?

You should call the hospital when:

- your waters break
- you have bright blood loss
- you are concerned about your baby's movements
- your contractions are regular and five minutes apart
- you feel ready to come into hospital

There are a number of factors that affect labour including the size of your baby, the length of your pregnancy, the strength of your contractions and whether it is your first baby.

Although it is very difficult to think beyond the labour and birth of your baby, remember that a normal labour will occur for less than a day. Have confidence in yourself and do what you can to prepare yourself physically and mentally for the big day.

You will then be able to communicate effectively with your doctor and midwife and make informed choices about your care; develop a range of strategies to work with your birthing body for an easier and efficient labour and have the skills and supports available for you to meet the challenges of parenting a newborn baby and the many days and years that follow.

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